## 15051110268

## STATEMENT OF **ORGANIZATION**

RECEIVE

FORM 1			-/-			Office Use Only	AM 9: 34
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type	12FE4M	TEU MAI	L CENTER
<sub>l</sub> Buddy Çar	ter for (	Congress	1 1 1		1111		1
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ADDRESS (number a	and street)	200 E St Julian St					
(Check if address is changed)		Suite 603 Savannah GA 31401					
			1.1.1		لتتا	-	` <b></b>
			CITY		STATE	ZIP CO	DE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)							
(Check if is change							<del></del>
	<del>3</del> 0)		111				
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if is change	address						
						1 1 1 1 1 1 1	لبيي
2. DATE 07" 26" 2013.							
3. FEC IDENTIFIC	CATION NUM	IBER CO	0543	3967			
4. IS THIS STATE	MENT	NEW (N) OR	Σ	AMENDED (A)			
I certify that I have o	examined this	Statement and to the be	est of my	knowledge and belief	it is true, correc	ct and complete.	
Type or Print Name	of Treasurer	Carlton H H	odge	s			www.
		MAN			<b>I</b> ⊼³	7 ' <b>3</b> 6 ' '	XX2X**1
Signature of Treasure	er	1/01/	~		Data U	<b>7</b> 26 1	2013
NOTE: Submission of		us, or incomplete information	-				U.S.C. §437g.
Office			For further information Federal Election Commis		FEC FOI	RM 1	
Use Only				Toli Free 800-424-9530 Local 202-694-1100	oi <b>u</b> II	(Revised 02	